Patient Screening Questionnaire

Shade circles like this: ●
Not like this: ⊗ ✓ ⊙ ⊖
Print carefully within rectangles like this: Example

Last Name | First Initial

Last 4 of SSN

Date (M M / D D / Y Y Y Y)

This questionnaire is an important part of providing you with the best possible care. Your answers will help in understanding problems that you may have or have had in the past. The information you provide will not be shared with anyone besides your health care providers without your permission. Please answer every question to the best of your ability by filling in the correct response. Fill in only one circle for each question. If you're not sure about the answer to a question, please give your best guess.

	No, never	***Yes, but not in the last year***	***Yes, in the last year***
1. a. Has there been a time when for most of the day, every day for at least two weeks, you felt down, depressed, hopeless, or blue?	○	○	○
b. Has there been a time when for most of the day, every day for at least two weeks, you felt little interest or pleasure in doing things that you normally enjoy?	○	○	○
c. Have you been told by a doctor, nurse, or other health care professional that you had major (or clinical) depression?	○	○	○
d. Have you been prescribed an anti-depressant medication such as Prozac (fluoxetine), Celexa (citalopram), Paxil (paroxetine), Zoloft (sertraline), Effexor (venlafaxine), Serzone (nefazodone), Elavil (amitriptyline), Tofranil (imipramine), nortriptyliine, desipramine, etc?	○	○	○
IF YES: Did the medication help?	○ Yes	○ No	
2. a. Have you been told by a doctor, nurse or other health care professional that you had manic-depression or bipolar disorder?	○	○	○
b. Have you been prescribed a mood-stabilizing medication such as lithium, Tegretol (carbamazepine), or Depakote (divalproex)?	○	○	○
IF YES: Did the medication help?	○ Yes	○ No	
3. a. Has there been a time, lasting at least a month, when you were bothered by memories, dreams, or flashbacks of a traumatic event, or went out of your way to avoid reminders of the event?	○	○	○
b. Have you been told by a doctor, nurse, or other health care professional that you had post-traumatic stress disorder (PTSD)?	○	○	○
4. a. Have you been told by a doctor, nurse, or other health care professional that you had schizophrenia, schizoaffective disorder, or a psychotic episode?	○	○	○
b. Have you ever been prescribed an anti-psychotic medication such as Risperdal (risperidone), Zyprexa (olanzapine), Seroquel (quetiapine), Geodon (ziprasidone), Haldol (haloperidol), Thorazine (chlorpromazine) etc?	○	○	○

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Please turn the sheet over and continue...

	No, never	Yes, but not in the last year	Yes, in the last year
5. a. Have you been hospitalized for treatment of psychiatric or emotional problems?	○	○	○
b. Have you been in detox, hospitalized, or otherwise treated for alcohol or drug problems?	○	○	○

6. Do you currently drink alcohol at all? *If yes, continue to 6a, if no, skip to 6d...* ○ Yes ○ No

IF YES

a. In the past year, how often did you have a drink containing alcohol?

○ Daily or almost daily ○ 2-3 times a week ○ 2-4 times a month ○ Monthly or less ○ 1-3 times a year

b. In the past year, how many drinks did you have on a typical day when you were drinking?

○ 10 or more ○ 7 to 9 ○ 5 to 6 ○ 3 to 4 ○ 1 to 2

c. Has a relative, friend, doctor, or other health care worker ever been concerned about your drinking or suggested you cut down? *Skip to 7...* ○ Yes ○ No

IF NO

d. Did you ever drink? *If no, skip to 7...* ○ Yes ○ No

e. When you were drinking, did a relative, friend, doctor, or other health care worker ever express concern about your drinking or suggest you cut down? ○ Yes ○ No

f. What was the approximate date of your last alcohol use? ☐☐ / ☐☐☐☐ (M M / Y Y Y Y)

7. In the past year, how often did you use illegal or street drugs, or drugs not prescribed to you?

○ Daily or almost daily ○ 2-3 times a week ○ 2-4 times a month ○ Monthly or less ○ 1-3 times a year ○ Never

8. How would you describe your tobacco use?

○ Current smoker ○ Quit in past year ○ Quit more than one year ago ○ Never smoked

9. Do you currently use any herbal or naturopathic remedies? ○ Yes ○ No

10. Are you interested in hearing more about monthly support groups and education groups for people with hepatitis C and their loved ones? ○ Yes ○ No

11. Are you interested in hearing about opportunities to participate in research about hepatitis C? ○ Yes ○ No

DX CONFIRM:

F/U:

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